

## TRAFFIC CRASH REPORT



LOCAL REPORT # \*

2014-11582

## CRASH SEVERITY

 3 1 FATAL 3 PDO  
 2 INJURY 4 UNKNOWN

## PRIVATE PROPERTY

 X YES  
 X NO

## HIT/SKIP

 1 NOT HIT/SKIP  
 2 SOLVED  
 3 UNSOLVED

## PHOTOS TAKEN

 X YES  
 X NO

OH-2

OH-3

OH-1P

OTHER

N.C.I.C.# \*

08303

REPORTING AGENCY \*

Lebanon Police

# UNITS

2

UNIT ERROR

 98 = ANIMAL  
 99 = UNKNOWN

DATE OF CRASH \*

07/09/2014

TIME OF CRASH

1602

DAY OF WEEK

WED

CITY \*

VILLAGE \*

TWP \*

NAME (OF CITY, VILLAGE OR TOWNSHIP) \*

Lebanon

COUNTY # \*

83

LATITUDE

LONGITUDE

## CRASH OCCURRED ON

 PREFIX CRASH LOCATION  
 650 E. Main Street

TYPE LOC

 TYPE LOCATION POINT USED  
 1 NAMED STREET 3 NUMBERED ROUTE  
 2 NUMBERED STREET

## LOCAL INFORMATION

McDonalds parking lot

## AT/REFERENCE

DIST REFERENCE DR PREFIX REFERENCE

REF POINT

 REFERENCE POINT USED  
 01 STATE LINE  
 02 INTERSECTION 2 STREETS  
 03 COUNTY LINE

 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
 07 CORPORATION LIMIT

Unit #

# OF OCC

A

1

1

NAME (LAST, FIRST, MIDDLE)  
Miller, Sondra

ADDRESS (STREET, CITY, STATE, ZIP CODE)

3047 Shoemaker Road, Lebanon, Ohio, 45036

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

03/27/1962

52

F

(513) 649-1667

DL STATE

DL #

AZ D06672404

LP STATE

LP #

OH GFW7278

INJURED TAKEN BY

1

 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

1996

MAKE

Chevrolet

MODEL

suv

COLOR

green

INSURANCE COMPANY

none provided

TOWING SERVICE

n/a

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE

X

YES

Unit #

# OF OCC

B

2

0

NAME (LAST, FIRST, MIDDLE)  
Not occupied

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INJURED TAKEN BY

1

 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

Greenwood, Matthew

YEAR

1993

MAKE

Chevrolet

MODEL

truck

COLOR

green

INSURANCE COMPANY

none provided

TOWING SERVICE

n/a

OWNER PHONE #

(513) 571-5811

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE

X

YES

Unit #

# OF OCC

C

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

 INJURED TAKEN BY  
 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

Unit #

# OF OCC

D

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

 INJURED TAKEN BY  
 1 NONE 4 OTHER  
 2 EMS 5 UNKNOWN  
 3 POLICE

TRANSPORTED BY

INJURED TAKEN TO

## SEATING POSITION

 01 FRONT - LEFT (MC DRIVER)  
 02 FRONT - MIDDLE  
 03 FRONT - RIGHT  
 04 SECOND - LEFT (MC PASS)  
 05 SECOND - MIDDLE  
 06 SECOND - RIGHT  
 07 THIRD - LEFT (MC PASSENGER/SIDE CAR)  
 08 THIRD - MIDDLE  
 09 THIRD - RIGHT  
 10 SLEEPER SECTION OF CAB  
 11 ENCLOSED CARGO AREA  
 12 UNENCLOSED CARGO AREA  
 13 TRAILING UNIT  
 14 EXTERIOR  
 15 OTHER  
 16 NON-MOTORIST  
 17 UNKNOWN

## SAFETY EQUIPMENT

 MOTORIST  
 01 NONE USED  
 02 SHOULDER BELT ONLY  
 03 LAP BELT ONLY  
 04 SHOULDER/LAP BELT  
 05 CHILD SAFETY SEAT  
 06 MC HELMET USED  
 07 USE UNKNOWN  
 NON-MOTORIST  
 08 NONE USED  
 09 HELMET USED  
 10 PROTECTIVE PADS  
 11 REFLECTIVE CLOTHING  
 12 LIGHTING  
 13 OTHER  
 14 UNKNOWN

## AIR BAG

 1 NOT-DEPLOYED  
 2 DEPLOYED-FRONT  
 3 DEPLOYED-SIDE  
 4 DEPLOYED BOTH FRONT/SIDE  
 5 NOT APPLICABLE  
 6 UNKNOWN

## AIR BAG SWITCH

 1 NOT PRESENT  
 2 IN ON POSITION  
 3 IN OFF POSITION  
 4 UNKNOWN

## EJECTION

 1 NOT EJECTED  
 2 TOTALLY EJECTED  
 3 PARTIALLY EJECTED  
 4 NOT APPLICABLE  
 5 UNKNOWN

## TRAPPED

 1 NOT TRAPPED  
 2 EXTRICATED BY MECHANICAL MEANS  
 3 FREED BY NON-MECHANICAL MEANS  
 4 UNKNOWN

## INJURIES

 1 NO INJURY  
 2 POSSIBLE  
 3 NON-INCAPACITATING  
 4 INCAPACITATING  
 5 FATAL INJURY  
 6 UNKNOWN

BLANK FOR WITNESS

SUPPLEMENT \*  
X IF YES

HSY7001

TOP COPY - ODPS BOTTOM COPY - AGENCY

1 of 2

# Narrative

Two vehicles collided on private property in the parking lot of McDonald's, 650 E. Main Street.

## MANNER OF COLLISION OR IMPACT

- 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT  
2 REAR-END  
3 HEAD-ON  
4 REAR-TO-REAR  
5 BACKING  
6 ANGLE  
7 SIDESWIPE, SAME DIRECTION  
8 SIDESWIPE, OPPOSITE DIRECTION  
9 UNKNOWN

## WEATHER

- 01 CLEAR  
02 CLOUDY  
03 FOG, SMOG, SMOKE  
04 RAIN  
05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
06 SNOW  
07 SEVERE CROSSWINDS  
08 BLOWING SAND, SOIL, DIRT, SNOW  
09 OTHER  
10 UNKNOWN

## LIGHT CONDITIONS

- 1 DAYLIGHT  
2 DAWN  
3 DUSK  
4 DARK - LIGHTED ROADWAY  
5 DARK - NOT LIGHTED  
6 DARK - UNKNOWN LIGHTING  
7 GLARE  
8 OTHER  
9 UNKNOWN

## SCHOOL BUS RELATED

- 1 No  
2 Yes, DIRECTLY INVOLVED  
3 Yes, INDIRECTLY INVOLVED  
4 UNKNOWN

## WORK ZONE RELATED

- 1 No  
2 Yes  
3 UNKNOWN

## TYPE OF WORK ZONE

- 1 LANE CLOSURE  
2 LANE SHIFT/CROSSOVER  
3 WORK ON SHOULDER OR MEDIAN  
4 INTERMITTENT/ MOVING WORK  
5 OTHER

## LOCATION OF CRASH IN WORK ZONE

- 1 BEFORE FIRST WORK ZONE WARNING SIGN  
2 ADVANCE WARNING AREA  
3 TRANSITION AREA  
4 ACTIVITY AREA

## WORKERS PRESENT

- 1 No  
2 Yes  
3 UNKNOWN

## Diagram



Write an "N" on the compass diagram to indicate the direction of north.

## Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
A FATALITY; OR  
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT

ICC MC

PUCO

TRAILER LP ST.

TRAILER LP YEAR

TRAILER LP #

PLACARD #

# DR.

## CARGO BODY TYPE

- 01 NOT APPLICABLE  
02 BUS (9-15 INCLUDING DRIVER)  
03 VAN/ENCLOSED BOX  
04 GRAIN/CHIPS/GRAVEL

- 05 POLE  
06 CARGO TANK  
07 FLATBED  
08 DUMP

- 09 CONCRETE MIXER  
10 AUTO TRANSPORTER  
11 GARBAGE/REFUSE  
12 OTHER  
13 UNKNOWN

## Weight (GVWR)

- 1 LESS/EQUAL 10,000  
2 10,001 - 25,000  
3 MORE THAN 25,000

## CDL Class

- 1 CLASS A  
2 CLASS B  
3 CLASS C  
4 CLASS M  
5 CLASS D

## Hazardous Materials Placard

- 1 No  
2 YES  
3 UNKNOWN

## Hazardous Material Released

- 1 No  
2 YES  
3 NOT APPLICABLE  
4 UNKNOWN

## Police Action

DATE CRASH REPORTED

07/09/2014

TIME REC CALL

1602

DISPATCH

1609

ARRIVED

1612

CLEARED

1644

OTHER

00000

TOTAL MINUTES

0042

OFFICER'S NAME \*

Travis O'Neill

BADGE # \*

121

CHECKED BY

DATE REPORT FILED \*

REPORT TAKEN BY

1

- 1 POLICE AGENCY  
2 MOTORIST

REPORT TAKEN AT

1

- 1 SCENE  
2 STATION  
3 OTHER

SUPPLEMENT \*

"X" IF YES

LOCAL REPORT # \*

2014-11582



CFS33 - Run By: O'NEILL, TRAVIS

## C A P S

AGENCY: 00

CALLS FOR SERVICE BY EVENT NUMBER

Event Number: 201400011582

Date Reported: 07/09/2014

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How Recvd: PHONE Dispatched As: ACCIDENT/POLICE  
Report No: 201400011582 Call On-Scene: ACCIDENT/POLICE

Name Type: Per/Bus Name: MILLER, SANDRA

House #: 0000650 Str: E MAIN Apt #:

City: CITY OF LEBANON St: OH Zip: 45036 Ph #: (513) 649-1667

Complainant Address: 650 E MAIN

Patrol: LEBANON Grid: RESIDENTIAL (50)

Addl Unit Asgn: 0 Shift: 1600-2400 Ent From: ECAD

Comp Taker: COMM OFF C L GEARHART Dispatcher: COMM OFF C L GEARHART

Response: EMERGENCY Disposition: REPORT TAKEN

Comments: PRIVATE PROPERTY REPORT

Remarks: 92 GREEN CHEVY BLAZER

Reportable: Tag No:

Tag State: Make: Model: Year: 0000

Color: Bus Name: MCDONALDS

Race: Sex: No Occupants: 00 Probable Cause:

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Responding Unit Info

Unit: PTL T O'NEILL

Type:

Id: PTL T O'NEILL

Action:

Responded From:

Date: 07/09/2014

Times:

Alarm	16:02:39	Dispatch	16:09:57	Responded	16:12:56	Arrived	16:12:56
At Patient	00:00:00	Trauma Al	00:00:00	Enr Hosp	00:00:00	Enr Jail	00:00:00
At Jail	00:00:00	Enr City	00:00:00	At City	00:00:00	At Hosp	00:00:00
Enr Sta	00:00:00	Clear	16:44:46	Determined	16:02:40	Action	16:03:21

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Person Information

Name Type:

Name: GREENWOOD, MATTHEW

Race:

Sex:

DOB:

Height: 000

Weight: 000

Alias:

Hair:

Eyes:

SMT:

Clothes:

Address:

Name Type:

Name: MILLER, SONDRRA

Race:

Sex:

DOB:

Height: 000

Weight: 000

Alias:

Hair:

Eyes:

SMT:

Clothes:

Address:

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Vehicle Information

CFS33 - Run By: O'NEILL, TRAVIS

## C A P S

AGENCY: 00

CALLS FOR SERVICE BY EVENT NUMBER

Event Number: 201400011582

Date Reported: 07/09/2014

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Tag #:	GFC6601	State:	OH	Type:	Tag Year:	0000
Make:		Model:		Style:	Veh Year:	0000
Color:				VIN:		
Driver:				OLN:		
Address:						
Travel:						

Tag #:	GFW7278	State:	OH	Type:	Tag Year:	0000
Make:		Model:		Style:	Veh Year:	0000
Color:				VIN:		
Driver:				OLN:		
Address:						
Travel:						

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===== Narrative Number: 0 =====

Created By: COMM OFF T ANDREWS Date: 07/09/2014 Time: 16:15:08

Unit: P121 Notify Message: GFC6601 GFW7278